

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Practitioner's Docket No. MPI01-019P1RNM

PATENT

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office 703-872-9306

on November 10, 2003.

Signature

Mary MacKinnon

Typed or printed name of person signing Certificate

RECEIVED
CENTRAL FAX CENTER

NOV 10 2003

OFFICIAL

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Submitted herewith:

Transmittal Letter	(2 pages)
Response to Restriction Requirement	(5 pages)

Total

Pages (8 pages)
(Including this cover sheet)

TO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Practitioner's Docket N . MPI01-019P1RNM

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Curtis, Rory A.J.
Application No.: 10/074,547 Group No.: 1647
Filed: February 12, 2002 Examiner: Hamud, Fozia M.
For: 25466, A HUMAN TRANSPORTER FAMILY MEMBER AND USES
THEREFOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

1. Transmitted herewith for this application is/are:
 - a. This Transmittal Letter (2 pages) and
 - b. Response to Restriction Requirement (5 pages).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Fee: \$ 0.00

Extension fee due with this request \$0.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail. ☐ as "Express Mail Post Office to Addressee"
Mailing Label No.

TRANSMISSION

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Signature

Mary MacKinnon

(type or print name of person certifying)

Date: November 10, 2003

*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 2)

Practitioner's Docket No. MPI01-019P1RNM

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)			(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment			Highest No. Previously Paid For			Present Extra	Rate	Addit. Fee
Total	11	Minus	22	=	0	\$18.00	=	\$0.00
Indep.	2	Minus	3	=	0	\$86.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$290.00	=	\$0.00
						Total Addit. Fee		\$0.00

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.
7. Correspondence Address
Direct all future correspondence to:

Customer Number 30405
OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street
Cambridge, MA 02139

November 10, 2003

MILLENNIUM PHARMACEUTICALS, INC.

By

Tracy M. Sioussat

Tracy M. Sioussat, Ph.D.
Registration No. 50,609
75 Sidney Street
Cambridge, MA 02139
Telephone - 617-374-7679
Facsimile - 617-551-8820

(Page 2 of 2)